**Application or Docket Number:** 09 7-26 346

BEST AVAILABLE COPY

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | 38 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 38 minus 20 = | 18 |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

**SMALL ENTITY TYPE ☐**

| RATE | FEE |
|---|---|
| BASIC FEE | 355.00 |
| X$ 9= | 162 |
| X40= | 40 |
| +135= | |
| TOTAL | 557 |

**OTHER THAN SMALL ENTITY**

| RATE | FEE |
|---|---|
| BASIC FEE | 710.00 |
| X$18= | 324 |
| X80= | 80 |
| +270= | |
| TOTAL | 1114 |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | 35 | Minus | 38 | 0 |
| Independent | 4 | Minus | 4 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

**OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

### AMENDMENT B — 10/27/06

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | 35 | Minus | 38 | |
| Independent | 2 | Minus | 4 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

**OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

### AMENDMENT C — 12-21-06

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | 35 | Minus | 38 | |
| Independent | 2 | Minus | 2 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

**OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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